

Attorney's Docket No. 1562-PAT**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below-named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☒ original
- ☐ design
- ☐ supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- ☐ national stage of PCT

NOTE: If one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.

- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (C-I-P).

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A HAND HELD DEVICE FOR REDUCING THE DISCOMFORT ASSOCIATED WITH THE
ADJUSTING OF ORTHODONTIC APPLIANCES

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b) or (c))

(a) ☒ is attached hereto.

(b) ☐ was filed on _____ as

☐ Serial No. _____ or

☐ Express Mail No., as Serial No. not yet known _____
and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) ☐ was described and claimed in PCT International
No. _____ filed on _____ and as amended
under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations § 1.56,

(also check the following items, if desired)

☐ and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ In compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international applications(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
(e) ☐ such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY (or indicate if PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. § 119(e))**

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

____ / _____
____ / _____
____ / _____

**CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

FRANK D. GILLIAM
4565 Ruffner Street, Ste. 200
San Diego, CA 92111

REG NO. 26,548

JOHN R. DUNCAN
4565 Ruffner Street, Ste. 200
San Diego, CA 92111

REG NO. 22,276

DONN K. HARMS
4565 Ruffner Street, Ste. 200
San Diego, CA 92111

REG NO. 38,911

(check the following item, if applicable)

☐ Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

FRANK D. GILLIAM
4565 Ruffner Street, Ste. 200
San Diego, CA 92111

DIRECT TELEPHONE CALLS TO:

FRANK D. GILLIAM
Tel (619) 292-0901
Fax (619) 292-0905

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor MICHAEL J. POWERS
Inventor's signature Michael J. Powers MS
Date July 19, 1998 Country of Citizenship The United States of America
Residence 4711 Gabriel Way, La Mesa, California 91941
Post Office Address 4711 Gabriel Way
La Mesa, CA 91941

Full name of second joint inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of third joint inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

(check proper box(es) for any of the following added page(s)
that form a part of this declaration)

☐ Signature for fourth and subsequent joint inventors. Number of
pages added _____.

* * *

☐ Signature by administrator(trix), executor(trix) or legal
representative for deceased or incapacitated inventor.
Number of pages added _____.

* * *

☐ Signature for inventor who refuses to sign or cannot be reached by
person authorized under 37 CFR 1.47.
Number of pages added _____.

* * *

- ☐ Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)

* * *

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.

☐ Number of pages added _____.

* * *

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

3612120 2697100
If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

- ☒ This declaration ends with this page

Applicant or Patentee: MICHAEL J. POWERS Attorney's
Serial or Patent No.: _____ Docket No.: 1562-PAT
Filed or Issued: _____

For: A HAND HELD DEVICE FOR REDUCING THE DISCOMFORT ASSOCIATED WITH THE
ADJUSTING OF ORTHODONTIC APPLIANCES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27(c) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled A HAND HELD DEVICE FOR REDUCING THE DISCOMFORT ASSOCIATED WITH THE ADJUSTING OF ORTHODONTIC APPLIANCES described in

[XX] the specification filed herewith
[] application serial no. _____, filed _____
[] patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 109(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

[XX] no such person, concern, or organization
[] persons, concerns or organizations listed below*

NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

FULL NAME _____
ADDRESS _____
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

MICHAEL J. POWERS

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of Inventor

Signature of Inventor

Signature of Inventor

Date

Date

Date

DECLARATION